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SURGICAL LECTURES,

DELIVERED BY

MR. ABERNETHY.

As the three lectures which we now present to our readers *complete* Mr. ABERNETHY's surgical course, and as we are of opinion that they form no embellishment to our pages, we have thought it best to shake off the *incubus* at once. In our next number we shall resume the publication of the valuable lectures of Dr. ARMSTRONG, and commence with those of Dr. SPURZHEIM on the interesting science of Phrenology.

Theatre, St. Bartholomew's Hospital.

LECTURE 26.

Gunshot Wounds and Punctured Wounds.

GENTLEMEN,

I shall have to make a few remarks this evening on gunshot and punctured wounds. Now concerning these

Punctured Wounds,

have to say, that although such wounds may be very deep, yet on account of the facility with which the foreign body is introduced, and the little violence done to the neighbouring parts, the sides of such wounds do not slough, and the wounds may do very well, even where the weapon has passed through important parts, as the cavity of the abdomen. Many a man has been run through the belly and yet got very well after, which seems a very strange thing. The bowels have been transfixed, yet adhesions have taken place in the wounded parts, and the patients have recovered. I say, that if there were a punctured wound inflicted with little violence, on account of the facility with which it has been accomplished, that such wound will do well.

It is curious that a mode of treatment of these wounds was, somehow or other, blundered upon by the ignorant; it was for a long time called the *secret treatment*. Divers incantations and magical operations were performed, in company with the essential part of the treatment, which had the credit of effecting the cure, and the method employed was, for a long time, concealed; it was called the secret treatment. Now all this happened in the time of Louis XIV., when all the soldiers were gentlemen and men of honour, and being "quick in quarrel," they used frequently to be duelling, and so get wounded. As they full well knew that such proceedings would be followed by the censure of their officers if discovered, they used to adopt this mode of treatment: The practice then followed was, to suck both ends of the wound, suck them forcibly, by which coagulated blood and other fluids were drawn out; a vacuum was also produced by this suction, and the pressure of the atmosphere brought the surfaces of the wound into contact. Well then, it was a mode of bringing the sides of the wound into contact; the patient was kept perfectly still and quiet, and divers incantations and magical operations were at the same time performed, and the patient got well in about sixty hours, because by that time adhesion had taken place and the wound could scarcely be detected.

It was a matter which excited the greatest attention of surgeons at that time; it was for a long time called the mode of secret treatment, and it deserves to be called an ingenious mode of closing a punctured wound.

Gunshot Wounds.

Now gunshot wounds are wounds induced with the greatest possible contusion and laceration. The parts are not divided, or a little separated, as they are in punctured wounds, but the fibres are torn and bruised very considerably. You must suppose that a bullet, or any thing of that sort, shoved through a man's body must break the adhesions of the fibres and stretch all the fibres, and therefore a wound made by a bullet is likely to slough in the whole circumference of the track which it has made; and that such a bullet wound would not unite by adhesion was a long time since perfectly well known; for we find, from the reports of many intelligent surgeons who followed the armies of Louis XIV., that, so well convinced were they of the impossibility of procuring adhesion of such wounds, that they used to put setons in the track which the bullets had made, and they passed them with a view to facilitate the exit of matter, sloughs, and whatever might have been forced into the wound. They also slit up the apertures at which the bullet entered and came out, through and through, from one end to the other, and this was the fashion for a long time, till the practice of surgery became more simple. As far as I know, JOHN HUNTER was the first who set his face against these operations; he went out as an army surgeon, and from what he soon observed, he said that these practices were not required. A great deal has been said about the danger from suppuration and sloughing of such wounds, but the only difficulty which I could find, was that of there being too little inflammation and sloughing in gunshot wounds.

Now although I have not followed armies, yet I have seen a great many cases of these accidents in my life; I saw a great many cases of gunshot wounds at the time of the riots, people from time to time shot by patroles, and many persons who have shot themselves; in short, I have seen a great deal of gunshot wounds, and the only wonder which I have is, that considering the nature of the wound, there is so little sloughing and suppuration. People, apparently shot through the body, get well, and that was a matter of great surprise to me. The treatment of such injuries should be as simple as possible, such as is calculated to soothe the injured parts.

In considering the subject of gunshot wounds, we are first of all to inquire, what we ought to do in those cases where the bullet has gone in and *not come out again.*

This is a very common occurrence, and what I have to observe is to this effect: if it has gone in, and is not lodged very deep, if it can be felt by a probe introduced by the wound, it would be warrantable to enlarge the opening a little to extract it; but there can be no worse surgery, I am sure, than searching after bullets by probes and forceps, and so forth. Nature has powers with which she can effect the discharge of bullets or any other foreign bodies, namely, by the process of ulceration and absorption. Now when a ball has entered a part and cannot be felt by an instrument introduced at the wound, there is one reason why I should not search any further for it, which is this, a ball may go in in one direction, but may come out in another, or it may not come out at all, but yet remain lodged in a part different from the direction in which it entered. It is a subject which requires great attention, and all that we know about this change of direction is to be solved by considering the laws of projectile bodies; and with others there is this law, that the most trifling thing being opposed to a projectile will cause it to deviate from its course; even a feather will turn a ball slightly from a straight line, although going with great rapidity, and the projectile body is reflected at an equal angle to that by which it impinges on another body.

The most curious case of the deviation of the course of a bullet from the direction which it took when entering, is related by Sir JAMES EARLE. A man was shot by a musket ball; the ball went into the back of his shoulder,

and took a direction downwards within the scapula; downwards, this was on the left side; and he cut the ball out from beneath the right mastoid process. A ball may be turned out of its track by many things, by a bone for example; it may be reflected from bone to muscle, from muscle to skin, and from skin to muscle again. It is this reflection of the course of the bullet that causes a person sometimes to appear to be shot through the body when he is not shot through the body; and it is within the compass of possibility, that the ball might come out at the same opening at which it entered. We may know what course it has taken, because the track of the ball is marked by a line of cutaneous inflammation. A very singular case of this kind occurred in the early part of my life: a man shot himself in the head, and my master was sent for; however, he was from home, and I went. I learned that the man had held a pistol to one side of his head, had fired it off, and that the bullet had passed out at the opposite side; there the two openings were, nearly opposite each other, and it appeared the ball had passed through his head, but he was not seriously injured. I bled him pretty largely, ordered his head to be shaved, and that he should be kept quiet, and so on, and told them that my master would see him the next morning. I think you cannot do wrong in bleeding people who are disposed to put pistols to their heads; I have seen many a lusty, troublesome sort of patient made quiet enough by this method, and so it was here, and they say that people have the love of life in proportion as they have little life remaining.

Bullets sometimes lodge and settle in a part without causing much inconvenience or uneasiness. Many very interesting cases of this kind are described in the memoirs of the French academy of surgery; amongst the rest, is a case of a man who had a bullet lodged in his brain; he got quite well and went to the wars again, and there, from fatigue and excitement produced by his duties, he died in a fit. Some surgeons, who knew his previous history, had his head examined, and there the bullet was found, lodged and nestled in his brain. Under these circumstances, it is very impertinent and injurious to be searching after bullets, and I should consider this a fit admonition to surgeons, because the common prejudice is all on the other side of the question; the patient will say, "What! have you not extracted the bullet yet? Oh! how much I wish it out." Indeed we meet with it in almost every novel, that Sir Harry Somebody has fought a duel and has been shot, but the bullet has been extracted, and hopes are entertained of his recovery. (A laugh.) As if the hopes of his recovery all depended upon the extraction of the ball.

Now I have been in the habit of mentioning a case here to show the inutility of searching for bullets, and also to show that they may be embedded in parts without much injury to the general health; I adopt this mode of impressing the case upon your memories; but if persons should be present who are taking down what I say, I do not know whether it is best to say any thing about it or not. As there is no law or equity to be had in the country to prevent such practices, we can't help ourselves (a long laugh); and as it is probable that the Editors of THE LANCET have already possessed themselves of a copy of my lectures, I may, perhaps, as well mention the case now, as I consider that it shows the impossibility of always extracting balls, even if we were to try. Sir Ralph Abercrombie received a musket shot on the upper part of the thigh-bone; the ball penetrated through the muscles, fascia, and so on, and lodged in the upper part of the trochanter major; the surgeons were very anxious to extract the ball, and made many attempts to do so, enlarged the wound and probed and searched for the ball; however, they did not extract it, and the General, on his passage home, died. The surgeon of the ship, after he was dead, examined the wound, and found the ball sticking so firmly in the trochanter major, that he was absolutely obliged to remove a portion of the bone with a trephine before he could get it out. I do not mean to impute the death of this person to the attempts made to extract the ball, but I mean to say this, that the enlargement of the wound, and

searching for the bullet, and so on, in an old man and in a bad climate too, were things not devoid of danger.

Seeing then, that bullets are likely to be diverted from their course in the way which I before mentioned, an old surgeon would say that you ought always to guard yourself in such cases, by giving a very doubtful prognosis; for you cannot tell where they have passed, or where they may be lodged. Things may go on very favourably for a time, and then some sloughing in the track of the ball may take place, the injury of which we can by no means contemplate. Mr. HUNTER relates the case of a man who was shot through the thigh, no bad consequence followed for the first few days, then sloughing of the wound and of the femoral artery took place, and the man died in a few minutes. Sloughing of the viscera may take place some days after the injury has been received. Many interesting papers on this subject are written in the memoirs of the French academy of surgery, one of them particularly so, which is entitled "*Les epanchements des Matieres Alimentaires.*" Many cases are mentioned in which the stomach has sloughed and poured out its contents, and yet the patients have recovered. Not that I wish you to understand, by this, that the contents of the stomach have been poured out into the cavity of the abdomen, but that inflammation had taken place in the surrounding parts, by which this *epanchement* of the stomach was limited and confined by the adhesions which had taken place in the surrounding parts. One case is related, in which the stomach was wounded by a shot, in which inflammation took place, and adhesions were formed, so that when the stomach sloughed, its contents were received into a little bag or pouch, which gradually extended itself till it reached the groin, and then it broke. The fluids which were taken into the stomach ran out at the man's groin; with the ingenuity and dexterity of a Frenchman, he fitted a little cock into this opening, and used to exhibit himself at Paris, and amuse the people by swallowing wine and drawing it off by the cock which he had placed in his groin. (A laugh.)

Divers discussions took place on the subject of gunshot wounds at the meetings of the Academy about that time, and one was this, whether it was better, in case a man had his foot struck off by a cannon ball, to amputate above the knee than below it; for they supposed that the carrying away of the foot would so jar and injure the knee, that considerable disease would take place there. They said you had better amputate above the joint, which is itself above the injured part. Another subject of discussion was, whether the *wind of a bullet* did a man any material mischief. There was a vulgar notion at that time prevalent, that various persons found dead upon the field of battle without any apparent wound, were killed by the wind of a shot. But that matter was clearly set right by the examination of the bodies of persons supposed to have died in this manner. It is very improbable that any elision of air could produce the effects imputed to it. A case soon after occurred, sufficient to set the question at rest, even if no other proof were admitted. A trooper during a battle, had his right arm shot off, and his cap or helmet knocked off his head by a cannon ball, yet he escaped with his life; if any injury could be done by the wind of a shot, it must have been done here, for it passed near enough to his head to knock his hat off.

People are killed without being apparently wounded, by what are called spent shots. A ball is seen running along the ground almost like a cricket ball, and if a raw recruit should see it, he puts out his foot to stop it, as he thinks, his foot, however, is carried off, and the ball runs on as before. Although it is called a spent ball, yet it is, in fact, moving with great celerity and momentum, and if it meet with some obstacle, it occasions the ball to mount up to a considerable height, and if either in its ascent or descent it should hit a man upon his belly, it would be sure to kill him, by occasioning the rupture of some large blood vessel or of the viscera.

I have now finished that part of surgery which has formed the subjects of this separate course of Lectures. My object is to tell you as much of surgery

as I know; and God knows that is not much either one way or the other, it is such, however, as has been the result of observation and experience, and such as I wish you may find of use to you. What I have said before I say now, that this is not to be considered a regular course of surgery. Many subjects usually spoken of in a surgical course I include in the anatomical course of Lectures, for I consider that anatomy or physiology should always be spoken of here in reference to the practice of surgery, and therefore I say this is not a complete course of Surgical Lectures, but it is complete as far as it goes, and the arrangement which I made of surgical subjects was the following:

First, I spoke of *constitutional* affections operating on local diseases, or which might *tend* to produce *local diseases*, but such local diseases as might occur in *every part* of the body, and being, at the same time, such as principally arose from errors of action in the *sanguiferous system* of the part. Next followed the diseases which principally owed their creation to some disturbance of the *nervous* and *absorbent* systems; these diseases being found universally throughout the body, because the structures in which they are seated are universally distributed. Then diseases such as were produced by *external causes*, which causes I divided into such as were *mechanical*, *chemical*, and *poisonous*. I have now finished what I have to say on diseases arising from these causes, but with regard to the subject which has occupied your attention this evening, it was omitted to be spoken of when mechanical injuries were under consideration, but I noticed the omission at the time. In the treatment of all local diseases it is of the greatest importance to keep the constitutional origin in view, and let your measures be principally directed to its removal. If I were to single out any organ as being most isolated, and the least connected by sympathy with other parts of the body, I might name the eye, yet how much is even this organ influenced by the disturbance of the general health.

Pseudo-Syphilitic Ophthalmia.

I omitted to speak of the venereal or gonorrhœal ophthalmia when the influence of poisons was mentioned. Two forms of this ophthalmia are met with; a man may clap his eye, there is no question of it; he may put some of this matter to the membranes of the eye, and if he do so he will have purulent ophthalmia,—a purulent secretion from the eye, which will run its course, and continue to increase; and, without the greatest attention, I believe no one will escape without ulceration of the cornea, and sometimes giving exit to the humours of the eye, or occasioning great imperfection of sight. There is no doubt about this, I have seen many such cases. But there is also an *irritable ophthalmia attendant on claps*, which is very different in its nature from the former, it is an irritable ophthalmia, not a purulent ophthalmia. I know in surgical books that the clapping of a man's eye is spoken of, but I speak now of the irritable ophthalmy attendant upon claps, which is a *constitutional malady*. I have known many people in my time, and a medical man in particular, who were liable to rheumatism of the joints, to puriform discharges from the urethra, and this irritable ophthalmy, and they used to alternate the one with the other; when the rheumatism ceased, the discharge returned from the urethra, and when the discharge from the urethra ceased, this affection of the eye returned, and thus one disease supervened upon another.

Now as to this irritable ophthalmia, if you are frightened at it and suppose it to be one of the dreadful cases in which the eye is clapped, and bleed and purge the patient severely, and so on, you only make the matter worse. I do not mean to say that moderate bleeding would not be useful, but it is the patient's general health that is to be attended to; and I know of no means so likely to do this as by setting the digestive organs to rights, and if the patient happens to be a Londoner, send him into the country, for removing from town to the country has a very great influence on the health of a Londoner. I may tell you one case of many, just to

show you what I think of this kind of inflammation, and the treatment it requires. The patient was the friend of a gentleman who attended these lectures. This gentleman was a sailor, and he used all his influence to get appointed to the command of a frigate; it was the height of his ambition to become the captain of a frigate. He waited on the Admiralty frequently and was promised a ship, and in the mean time he went into Scotland grouse-shooting; whilst there he received instructions from the Admiralty to take the command of a frigate then lying at Falmouth, and as you may suppose, he lost no time in setting out, and placed himself in the mail coach for London. But he had a very disagreeable travelling companion; just before he left Edinburgh he was unfortunate enough to get a clap. On the journey, from some cause or other, his eyes became inflamed, and when he reached London, he had a violent inflammation with a purulent discharge, and he was so knocked up that he could go no further. The gentleman who had been a pupil here brought him to me. He was in a very dreadful state both of body and mind, could not bear the light, great pain in the eyes, and so on. I told him that it was of no use to attempt to go further, and that he must stop here. I asked him if ever he had gonorrhœa, or inflamed eyes before, and he told me that he had both one and the other, and that when the discharge from his urethra was stopped the eyes became bad, and when the eyes got well the clap returned. I directed him to keep himself quiet in a darkened room, to wash his eyes frequently in the course of the day with tepid poppy water, to take five grains of the blue pill every night, and to take some castor oil to open the bowels, and keep himself upon a strictly spare diet. I was anxious about this case, and I called the next day and asked how he did, to which the answer was "nothing better." "Are you worse?" Did not think himself worse. I directed him to continue the same means; and called on him again the next day, but the answer was not much more encouraging. I called day after day for about six days, and although the patient was getting rather better than worse, yet the amendment was not considerable. When I called on the seventh day I found, to my utter astonishment, the patient sitting up in his room, the window uncovered, and his eyes almost well. I expressed my surprise, and asked how this change so suddenly happened. I found that he had a number of very copious fœtid stools in the night, that his complaint had left him. It was a sort of critical secretion from the liver and the whole of the alimentary canal, which was followed by an almost immediate removal of the irritable inflammation of the eyes.

Well, with respect to the venereal ophthalmia; cases of venereal ophthalmia were very rare in comparison with what they are now, and I remember when the surgeons, in going round the hospital, used to say, such a case of ophthalmy is decidedly venereal, I was impudent enough, when only a student, to say, that I never saw a venereal ophthalmia in the whole course of my life, because it was an ophthalmia that mercury would not cure as a specific. I had seen mercury given to salivation, and yet, after a little time, the disease returned again as bad as before. An inflammation may also take place in the membrane of the aqueous humour, by which a dull state of that humour is induced; this may be attended with more or less inflammation of the iris, and require an active depleting treatment. This ophthalmia was rare and is now become frequent, but it is not pox I am sure, because, like all other pseudo-syphilitic symptoms, it may come on from a disturbed state of the health. There is not the least reason to suppose that any application of infectious matter has been made to the eye, and salivation will not cure it; you may salivate patients, but they are liable to relapses; it is the result of a disturbed state of the health, and I know of no better treatment than that which I call the pseudo-syphilitic treatment; that is, to insist on a proper attention to the diet, the regulation of the bowels, the free use of sarsaparilla and alterative doses of blue pill. But if the iris be the seat of inflammation, and if there be that state of inflammation induced which

may do permanent injury to the eye, why, we are recommended to give mercury more liberally; but here the use of mercury with greater liberality stands just on the same footing that it does in India when the liver is inflamed. In the hepatitis of India, if you do not produce a change in the constitution by the action of mercury, the inflammation will go on to suppuration and kill the patient, in all probability; but that does not at all show that the mercury is a specific, or that it has produced a radical cure of the disease; but it is used because the patient's life is in danger. So it is in other cases; we use it in iritis more liberally to prevent the loss of the eye. Now, when I say this, I know that the opinion is in opposition to great authorities, who consider that mercury is given as a specific; and I say *I do not consider it a specific*, nor would I have recourse to it unless compelled to it; and after the eye had got well, I should warn the patients against a relapse, and urge on them the necessity of attending to the state of the bowels, and so on, at the same time. I know I may be wrong, but I tell you what I think, and I do not think things generally without having, in my opinion, full and sufficient grounds for so doing. You must, however, observe for yourselves; you must all form your own opinions; every body must do this; and you may think one thing at one time and another thing at another time, because that which we meet with will make our opinions fluctuate many times in the course of our lives. But the sum total of all experience is to mark the results of the events of life. There is something which the old have which the young cannot have, a kind of practical knowledge, the result of a consideration of recurrent cases of diseases treated in divers manners. But I never wish you to pay any particular respect to what I tell you; I only wish you to attend to the reasons which I have for my belief of these things and judge of them for yourselves. I can only tell you the general result of cases, and I have seen people salivated, and that very considerably, in venereal ophthalmia, as it is called, yet I have seen that disease return and they have been salivated again, but it has again made its appearance, therefore I consider I am justified in holding the opinion which I before named to you.

LECTURE 27.

Ophthalmia.

Pursuing the subject of ophthalmia, which is very varied in its character, we may speak of the *ophthalmia membranarum*, of the *ophthalmia tarsi*, and the *ophthalmia oculi*; or the inflammation of the membranes, of the lids, and of the substance of the eye. I see no reason to find fault with this division of the subject; and I may remark of the inflammation of the external membrane, or conjunctiva, that it is exceedingly various.

All parts of the body are liable to inflammation? they say that particular structures are liable to particular inflammations: I do not see this. They say that the skin is liable to erysipelatous inflammation, but I see also abscesses in the skin, and a variety of inflammations in the skin; the ultimate structure of all parts of the body is the same, and the same diseases may occur in every part of the body; but, of course, some particular structures are more liable to particular diseases than others. This, we will say, is granted. Now there is a curious anecdote which may be mentioned in relation to the history of diseases of the eye. It formerly happened that persons who attended to the diseases of this organ were, for the most part, persons solely engaged in this particular part of the profession. But to study any disease with advantage, a general knowledge of the functions of the body and of diseases is necessary. Now it happened that, at a particular period, a qualified man, a man who had received an enlarged education as a physician, was brought to attend more closely to the diseases of the eye than diseases in general: but, having an enlarged knowledge of his profession, he made more improvement in the treatment of these diseases than had been made in an immense time before by the numerous practitioners

who had exclusively attended to this branch of the profession. A great deal of collateral knowledge is necessary for the elucidation of any particular subject of inquiry. Now this holds good as regards the study of diseases of the eye, or to make a man a good oculist. Lord Bacon has said, that "the sciences are like a bundle of light, or a congregation of lights, which illuminates every part of a certain district, but that they cannot do this singly." I mean Mr. SAUNDERS; and what has he told us? Why that you have inflammation of different sorts in the conjunctiva; you have pustules breaking out, ulcers forming, and so on; you may have all the changes that parts can undergo, and this is just what he has told us, and I shall say no more upon this subject, although you will find that he has said a good deal.

Now, with regard to inflammation of the eye, it must be treated like all other inflammations; it must be soothed by frequent ablutions with tepid water, or with cold water, if it be more agreeable to the feelings of the patient, or some cold washes. It is a maxim in the treatment of disease, that you should cleanse and soothe the diseased part. Now many diseases create a kind of inconvenience and increase of irritation in themselves, and this particularly happens in the *ophthalmia tarsi*. The mucilaginous tears dry upon the lids, and draw the roots of the eyelashes toward one another, and create irritation; they also gum up the inner canthus of the eye, and produce irritation there. It is really a thing of great consequence that a patient should cleanse away all the mucilaginous tears as they form in the eye, and wash away all such viscid secretions, or otherwise the disease is really kept up by the inconvenience and irritation which it creates of itself.

I am very well persuaded that by pains-taking a person may very much alleviate an ophthalmia, and, therefore, it is right to bathe with tepid poppy water, and if there be much inflammation leeches should be applied to the temples, and a blister behind the ear; cooling medicines should be given at the same time. We must endeavour to mitigate the disease, and having brought it into a state of quietude, we then try to remove the morbid susceptibility of the part by the application of a stimulant. I have spoken of this as a principle in the treatment of various diseases, and I have called it the surgery of susceptible surfaces.* You apply, for example, a solution of a little white vitriol, say a grain to an ounce of water, the patient washes his eye with it, and the eye smarts and waters; and what then? why, after a time it seems better, and it is washed again with the same thing till it produces no longer any pain, and then you increase the strength of the wash. I do not think that Mr. SAUNDERS, in his book, has been sufficiently distinct upon this point, and I know it is a great point in the treatment of ophthalmy. It may be acute at its onset, but it becomes chronic after a time, and stimulants are exceedingly useful, and particularly so in long continued ophthalmies. I have met with many cases of this description, and I will tell you one, which is rather a curious one:—A gentleman having ophthalmia for a long time, was one day engaged in removing some turpentine cups from one side of a large table to the other, and the vapour of the turpentine got into his eyes, which made them smart a great deal; but his eyes became much better afterwards, and he repeated this until his eyes became quite well. I say that Mr. SAUNDERS has not dwelt upon this subject in a manner in which I think it ought to be impressed upon the minds of surgeons, the reduction of morbid irritability, by the application of a stimulant.

There is one species of ophthalmia which is evidently an ophthalmia connected with weakness, and it is that in which you find an effusion into the subjacent cellular tissue connecting the conjunctiva to the sclerotic, and that œdema of the subjacent cellular substance raises the inflamed conjunctiva up to a considerable height, so as to occasion the transparent cornea to sink apparently beneath the tumid conjunctiva, producing an appearance

* See No. 1, Vol. vi. Lancet.

which those who had never seen it before would consider as some extraneous matter growing from the eye-ball. To this sort of inflammation, an inflammation of which the circumstances of the case prove to be of a chronic kind, they formerly gave the name of *chemosis*,* but they have so altered the names that I really do not know the meanings imported by them. Ulceration is often produced on the cornea; and when it does take place I do not know what can be done; we may touch them with a little of the nitrate of silver, or the nitrated mercurial ointment, and we may often do them good by thus exciting a change in the action of the sores. The general principles of surgery must direct us in the management of inflamed eyes.

Now, that the inflammatory affections of the eye are the effect of *constitutional causes* is what I wish particularly to impress upon your minds. I am sure that irritable eyes are the consequences of a disturbed state of the health: I am sure of it; I have had my eyes inflamed ever since I have got out of health, and I could at first easily put them to rights, by washing them with a little solution of the sulphate of zinc, and so on, but now it does them no good. I remember saying at the College of Surgeons, that there was a kind of correspondence set up between my stomach and my eyes, a sort of spiritual intelligence; and you know that all this is common observation. There was an Irish Doctor who undertook to cure all disorders of the eyes; a patient, who consulted him, was told to wash his eyes with some eye-water, and to attend to his diet. The patient used what was prescribed, and got well. Some little time after the patient got his stomach and bowels out of order, and applied to the doctor again; and he found the doctor with dreadfully inflamed eyes; this excited the man's surprise, and he asked how this could be? "Why," said the doctor, "I am very fond of claret, and my eyes are not; however, I like the claret better than my eyes." (A laugh.) Affections of the stomach operate on the whole of the surfaces of the mucous membranes of the body, and great good is done by attending to the digestive organs, to lump all that I mean under one general denomination. I will tell you an instance in proof of what I have mentioned:—

A lady and gentleman brought their child to me with inflamed eyes; the pupils could hardly be distinguished, there were ulcers on the cornea, and it was very much clouded. They said, "Sir, we are going out of town, and we thought we would ask your opinion of our child's eyes; he has been under the care of several of the most eminent surgeons, and he is getting rather worse than better." I said, do you expect that I will prescribe an eye-water, or an eye-salve, and so on? I tell you that I am persuaded that the cause of irritable eyes is a disordered state of the stomach and bowels. I desired the lad to put out his tongue, and it was very furred and dirty indeed. I told them that they must pay great attention to the child's diet, to the regulation of his bowels, to take exercise in the open air, and so on. "Oh!" they said, "if that was all the advice I could give, they should wish me good morning;" so they paid me a guinea, and off they went. They were going into Devonshire, and when they were about 70 miles from town, the child was seized with a diarrhœa, which caused them to stop on the road, and in a day or two the child's eyes became very much better; they now began to think that there was some truth in what had been told them about a disordered state of the stomach and bowels, and away they came again towards town, after having travelled above 70 miles, to hear something more about this matter, which, if they had had a little patience, they would have heard at first in a few minutes.

Now I spoke of ophthalmia being varied; and there may be effusion of lymph, there may be ulcers, there may be pustules. These may keep up the irritation, and the disease of the conjunctiva may be communicated

* *Chemosis* is not a name given to the inflammation itself, it is merely a name given to an effect of a very severe inflammation. It is derived from the Greek word χημα, which signifies a little cup.—EDIT. L.

to the cornea; and, if it be, the cornea is inflamed and rendered opaque, and there is little hope that this opacity will become again transparent to any degree,* but superficial opacities will be again removed. Now, I know of no treatment but such as is to be found in general principles; first, you subdue inflammation, and when this part is in an indolent state, you stimulate it. Now, I remember in the early part of my time, when farriery-like treatment was in vogue, that they used to blow powdered sugar, lapis calaminaris, by a quill into the eye, and so on; now, what we do is to use some stimulant, it may be the solution of the nitrate of silver, and we either drop it into the eye, or, with a camel-hair brush, we apply it to the part as it may be able to bear it; a little inflammation is induced round it, and the part gets well. This does not act as a caustic, it acts as a stimulus; I never saw any thing destroyed by it; but the opacity is absorbed from the stimulation of the surface, and the opaque part becomes transparent. You may increase the strength of this solution by degrees, according as the part may endure it. Mr. LLOYD has told me that he has used a saturated solution with advantage, but then it was done cautiously, and gradually increasing the strength, and certainly it has a considerable effect in removing opacities, the consequence of inflammation. I shall mention one case of a peculiar kind, it proves the verity of the principle, but must not lead you to expect such success in every case. A boy had received a blow upon his eye, and had been under the care of some surgeons, who appeared to have treated the case very well, but to whom the friends imputed blame. The cornea was completely opaque, and almost like a pearl in appearance; but I said to the mother, suppose your son had been a young duke, and that young duke had received every attention, why his grace would have seen no more than your son. However, by touching the opacities with a solution of the argentum nitratum, gradually increasing the strength, in three days the whole surface of the conjunctiva covering the cornea became quite clear, and he could see as well as before.

Now, there is one affection of the conjunctiva which is peculiar—peculiar I will not say, but it is, when the conjunctiva takes upon itself to secrete pus, it is the

Purulent Ophthalmia.

It is an ophthalmia which may appear at any period of life, and to which all persons are subject. Mr. WARE brought it into notice, and published cases. It attacks children at a very early period of life, even new-born children, and it really is a very distressing complaint. Their eyelids are distended, the distension makes bad worse, and whenever you open the child's eye, out gushes a quantity of pus. Mr. WARE says it is to be cured like ophthalmy in general, by the application of stimulants, as by a weak solution of sulphate of zinc, and he shows also how this is to be done; you are to raise the lid a little, and then squirt in by a syringe the solution of zinc, and wash the surface of the eye and force out the pus lodging under the lids, and he says the disease is in this way easily removed in young children.

Now this purulent ophthalmia was known throughout the whole of my time, and it was known to be infectious, it was always considered so, and people used to talk about catching sore eyes; this purulent ophthalmia was known to be infectious. Long before our troops went to Alexandria had I been fully persuaded of this people were liable to catch the disease one from another; so it happened with the troops, they were exposed to a great heat, to a strong light and the sands, and purulent ophthalmia broke out amongst them, and they caught it the one from the other; for if you have a purulent discharge from one membranous surface, and apply it to another you have the disease produced there. These cases are often of a violent kind, and produce ulcers and opacities of the cornea. Whenever membranous surfaces acquire

* Mr. Abernethy can lay no claim to the title of an ophthalmic surgeon.—EDIT. L.

the property of secreting pus, they generally become villous upon their surfaces. So it is in the eye, if you turn down the lower lid you will see that the surface is become so, and in this purulent or Egyptian ophthalmia the conjunctiva becomes a kind of granulated surface, and these granulations become hard and act as a scrubbing brush to the surface of the eye, and keep up the ophthalmia. This was all known to Mr. Saunders, and he tried to smooth the irregular surfaces by touching them with the sulphate of copper, and other things. Then Sir William Adams, who saw and knew all this, proposed to pare down the granulations with a scalpel, and he made a great noise about it, and puffed it off as a very famous discovery. I have no doubt but that it did good sometimes, the bleeding did some good, and the smoothing of the lid also, but I believe that it does harm sometimes. I say honestly what I think upon subjects, I do not mean to reflect upon any body, I mean only to tell you things briefly as far as I know. I formed one of a committee appointed to inquire into this subject, but I do not allow that to influence my opinion. Sir W. Adams thought to reap great *eclát* from what he had done, he thought it was something very clever, but he failed in his object. Well, so much for the purulent ophthalmia.

Ophthalmia Tarsi.

Now as to the ophthalmia tarsi, or what is called *psorophthalmia*, unquestionably there is irritation in the edges of the lids producing irritation on the surface of the conjunctiva, and if the irritation were less, there would be less general inflammation of the eye. It is sometimes called *itchy* ophthalmia, and it seems to be owing to a want of secretion. When people cannot open their eyes, they are gummed together, especially in the mornings. But the separation of the lids should not be attempted rudely, it should be done by bathing them frequently in tepid water; it should be done with gentleness, and here it is particularly right to use an ointment, and the *citrine ointment* has been known to have a very good effect, and it has been advertised as a quack medicine, it is the *golden ointment* for the eyes. The way in which it should be used is this, a little of the ointment should be melted by a candle, and a camel's hair brush dipped in it and smeared along the edge of the lids, just as if a person intended to paint his eyelids; when the eye is closed, both lids are brought into contact, and the ointment is applied to both surfaces; the diet should be attended to, and the bowels kept perfectly regular; as soon as the bowels and stomach are set to rights, with a little tepid washing and anointing, the eyes get quite well. And now with regard to the

Ophthalmia Oculi.

There may be inflammation of the cornea, producing opacities, and there may also be inflammation of the membrane of the aqueous humour, producing a turbid state of that humour. Of opacities from inflammation of the membrane of the aqueous humour I spoke in what I called pseudo-syphilitic ophthalmia, and I said that it might induce iritis, or that iritis might come on as a separate or primary disease; but here we again recur to Mr. Saunders: his account of iritis I hold to be extremely beautiful. He says that, "in iritis you may have deposits even of matter and coagulable lymph in the aqueous humour of the eye; you may see also a circle of inflammation just round the edge of the cornea, not in contact with it, but at a little distance from it, distinct from the venereal ophthalmia; and this circle of inflammation is composed of vessels passing in straight lines parallel to each other, at the part where the anterior ciliary arteries enter the globe of the eye. If the iritis continue, coagulable lymph will be effused, which will attach the iris to the anterior capsule of the crystalline lens, and thus you will have a contracted pupil." It is of the utmost importance that such a dangerous disease should be put a stop to with all possible speed; bleeding, counter irritation, and every means ought to be instituted; and here it is known that mercury seems to have a very powerful effect in checking the progress of the inflammation in the iris; but I say, do not give it in an excessive and injurious degree. Certainly I

would not administer it to injure a patient, unless on the same principle as I would give it in hepatitis in India, because if I could not produce some sudden change in the patient's constitution, I know the liver would suppurate, and prove destructive to life, and in the inflammation of the iris there would be a state of the eye produced destructive of vision. But do not use mercury in the random way that is generally done. People say that it has a specific effect, but that is more than I can believe; give it till the mouth is sore, but do not salivate your patients, do not kill your patients by the inordinate use of mercury. Now here it was that Mr. SAUNDERS applied the belladonna to the eye; for he says, that if adhesions happen between the posterior layer of the iris and the capsule of the lens, there will be a permanent contraction of the pupil, and so to prevent this he applied the belladonna which kept the pupil in a dilated state.

I take it for granted that it is in these cases that the appearances of cataracts are produced, that is after inflammation of the interior of the eye; I have seen these cataracts in different persons, and they have got well. I shall tell you a case which I heard Mr. POTT relate in his lecture, and also in the same manner as well as I can. "I was once sent for to visit a gentleman whose case was very peculiar and very inexplicable; he had gone down to visit some friends in the country, about sixty miles from London, and after carousing on the preceding night, he was shown to his bed, and overslept himself. The servants had shut up the windows, and drawn the curtains, so that the light was completely excluded. He awoke, and seeing it was still dark he slept again, and when he awoke the second time, he thought it was a very long night and got out of bed, drew back the curtains and opened the window shutters; the light burst so suddenly upon his eyes that he lost his sight, and not recovering it soon he became alarmed, and sent for Mr. POTT. The room looked toward the south-east, and the sun had acquired great power. And, strange to say, (said Mr. POTT,) there were two as complete cataracts in his eyes as I had ever seen in the course of my life, but stranger still to relate, these cataracts disappeared again." They were capsular cataracts, and such things will happen.*

Well, now, inflammation has been known to take place throughout the eye-ball, and I have known many cases of matter forming in the eye-ball; also chronic diseases of the eye-ball, going into suppuration, but of late years I have seen none of these cases, although they were frequent in the early part of my life. My master used to warn me of this very thing; he used to say there is an inflammation of the globe of the eye with a trivial degree of inflammation on the surface, the patients complain of extreme pain, and great intolerance of light, and if you do not take great care and bleed largely, you will have suppuration of the eye-ball, which will burst, and the waters of the eye gush out. I have not seen any of these cases of late, but it is likely that acute diseases undergo changes, and that the constitutions of people undergo changes; but I can tell you, that if you have any doubt about this disease, a little pressure made on the globe of the eye will determine you; if the pressure gives pain, it will show you that there is inflammation in the interior of the eye-ball and disease established in it. A great many cases of diseased eyes take place in this way, in which the disease is only chronic. I will tell you the case of a boy at Christ's Hospital; he was sent to the sick ward with an inflamed eye, the inflammation was very inconsiderable, but the boy was very much out of health at the time; his tongue was foul, his bowels costive, and I attempted to put his digestive organs to rights, but I believe that he took as much medicine as would purge a horse before his bowels were opened. We gave him bark and purgative medicine, but he could not bear any pressure to be made on the globe of the eye, and we applied leeches to the temples and blisters behind the ears, every attention possible was paid him, but still the disease got progres-

* Stranger still for Mr. Abernethy to say so.

sively worse. However, after a time, his bowels got in a better state, and his health mended, I had done all I thought necessary, but on examining the eye I saw some little irregularity of the pupil, and the boy said that he had not his vision distinct; one would have wished to have sent him into the country under these circumstances, so I got a history of the case upon paper, and sent it to the committee of the Hospital. I considered that it was necessary in the discharge of my duty to that institution, and I hope never to have inattention laid to my charge. The poor cannot choose their surgeons, but the rich can, and I thought it best to lay this boy's case before the committee. Well, the boy was sent into the country, but the disease did not subside, but he had an enlarged eye-ball, and it protruded between the lids. Although under the management of a good surgeon in the country, yet the eye was lost, and when he returned it was a question whether the cornea should be punctured and the humours let out, but the eye shortly after suppurated, and the humours got out of themselves. It is very difficult to give descriptions of diseases, but if you go to Mr. HUNTER's collection you will see beautiful specimens of morbid structures.

Fungus of the Eye.

The eye is also liable to the growth of fungus, viz. from the bottom of the eye, and they call it fungus hæmatodes; fungus shoots forth from the bottom of the eye, fills the whole globe; the humours burst, and the fungus extends itself, and bleeds, and continues to increase; these are dreadful cases, and they are described by Mr. WARDROP. Extraction of the eye is performed in these cases, but there is little good comes of it. I could tell you a number of cases in which it proved to be of little use. It is attended by a disturbed state of the constitution; it is generally a constitutional disease, and there is little good done by extraction.

I have only farther to say, that the eye-ball may be protruded from the socket by divers circumstances; as by collections of fluid, an enlarged state of the parts within the orbit, or by enlargement of vessels of the orbit like the nævus maternus. All these instances I have seen. But these cases generally do well; the protruded eye-ball recovers its former situation when the substance is removed from the orbit which caused the protrusion. An enlarged state of the blood-vessels has occasioned the protrusion, and Mr. TRAVERS, who removed a vascular tumour of this kind, found the hæmorrhage so great, that he was obliged to secure the carotid artery, and the patient did well. A case happened in the London Hospital, a woman had the globe of her eye protruded, and she became a patient of Sir WILLIAM BLIZARD. He was examining the eye one day in order to ascertain the nature of the swelling, and the woman cried out, "Oh! Sir, if you do not take care you will push my eye out." He thought the woman must be drunk to say so,* and he continued to make a pressure round the globe, and out gushed a quantity of a fluid which appeared to have been contained in a cyst, and out popped the eye with it. It absolutely protruded much beyond the edges of the socket. He immediately replaced it, closed the lids, kept the woman quiet, and she recovered.

LECTURE 28.

Diseases of the Rectum.

The diseases of the rectum have not been included in the anatomical course, and, therefore, I shall speak of them here. It is well that you should be apprised of the malformations of the rectum.

It sometimes happens that children are born without an aperture for the discharge of the contents of the bowels, and yet the parts seem to be very well formed externally; there is even the place where the anus should be, a sort of chink there, and when the child strains, there is a projection at the part, which you have to open by the knife, and maintain the opening by occasionally introducing a

* Query—Who was drunk, the surgeon or patient?

bougie. Then in other cases the external parts are well formed, but there is a partition between them and the bowels, then you have to put in your finger, and when you feel the distension of the meconium, introduce a trochar and puncture the gut. But sometimes the lower part of the rectum is not formed at all, or it comes but a little way down into the pelvis; and you are called upon to make an aperture. You must introduce your finger into the anus, and carry it along the hollow of the sacrum in the course of the rectum, and then feeling the meconium protruded against the finger, you must puncture it with a trochar very high up, and it is right here to use a cannula, as otherwise the contents of the gut might get out into the abdomen. But this is very difficult; and sometimes you will feel the iliac vessels pulsating just when you expected to find the extremity of the bowel, and no one would think of using a trochar in such a case. Now as to these cases we may as well do nothing; indeed it is extremely difficult, when there is an aperture made to keep the tube pervious, but your duty is plain, if you are called upon to do it, you are to operate; in the two first cases there is a greater chance of success, and if you can succeed in procuring a fistulous canal, although it is not perfection, yet it approximates to perfection. They talk about bringing the sigmoid flexure of the colon out at the groin, in cases when the rectum is deficient, and making there a superficial anus. But what good does that do, the child would be miserable as long as it lived, and make every person about it uncomfortable; I know if a child of mine were born in that way, I should rather that it died than live under such circumstances, and die it must if there be no opening from the bowels. I have examined some such cases, and I have found the rectum degenerated into a small tube communicating with the bladder, and the blood vessels about it out of their usual arrangement; so that when you operate in these cases of malformation, you cannot tell what you may do.

Now, then, to go on; there are diseases about the rectum which will not admit of having the operations necessary for them exhibited in the anatomical course. And here I have to make a general proposition, which is simply this: all irritation about the end of the rectum, leading to external excoriation, and ulceration and piles, with contractions in the bowels, or obstructions of the bowels, are all the effect of a general indisposition which pervades the alimentary organs. Just as you see the proofs of irritation manifesting themselves at the upper end of the canal, as sore throats, ulcerations, heat of the stomach, as it is called; furred tongue, &c. so like disorders manifest themselves at the lower end of the canal. If you wish to make these diseases well, it is to be done by putting the alimentary canal as a whole, into a quiet state. The stuff should be removed which irritates and disquiets them, the lower bowels should be cleared out, and unquestionably castor oil is the best medicine for this purpose; it seems to act as a mild purgative, and lubricates the bowels at the same time. Whatever you give as a purgative in these cases should be of a mild kind, and manna and oil is sometimes given. It seems to pass through without being digested, blends with fæcal matter, and renders it in a fit state to pass through the bowels. There was a man in this town some time ago, Dr. Moses Griffiths, who acquired great celebrity for two medicines, the one was the precipitate of iron and antimony, such as is given in chlorosis; and he had another course, and simple enough to be sure, but he obliged his patients to swallow four or five table-spoonfuls of *linseed* oil and rhubarb wine, and this he gave them to keep their bowels open. When much irritation exists round the rectum, oil is a very good thing, and if the patient could take it as an article of diet, it would be so much the better. Spices seem to have a good effect; *Ward's paste*, which is only a combination of spices, is used frequently. It is not uncommon to order ground pepper to be mixed with a conserve of orange peel, and to be taken in small quantities; these spices seem to pass undigested, and give a degree of warmth to the lower bowels. Terebinthinate medicines and balsams, as the copaiba balsam, are known to produce a clear-

ing out of the bowels, and an induction of comfortable feelings in the lower bowels.

Piles.

Now then, to come to the piles, they are produced by degrees, and are either external or internal; and I think you may judge of the manner in which the internal piles are formed from the manner in which the external are produced. A pile is at first nothing more than the extravasation of a small quantity of blood beneath the lining membrane of the anus; the patient feels a little tumour there, and he applies to a surgeon, and if he makes a little opening into it, a small quantity of coagulated blood comes out, and the swelling disappears; or if he directs the patient to use a little aperient medicine to tranquillize the lower bowels, and procure a regular evacuation of their contents, the tumefaction subsides, the blood becomes absorbed, and there is an end of it. But if this thing be allowed to continue, and the irritation to remain, the blood becomes absorbed, and a new growth takes place instead of it. It is not at all uncommon for persons advanced in years to have those little lumps about the rectum, but they do not occasion the inconvenience which internal piles do. Internal piles are unquestionably of fleshy growth; a small quantity of blood is effused beneath the lining membrane of the bowel, and above the sphincter ani; the blood becomes absorbed, and a fleshy structure is raised in its place: but projecting from the surface of the bowel, it necessarily narrows the gut, excites irritation there, and straining and exertion of the part when the patient goes to stool, and he sometimes has difficulty to return it again. In this situation many people have been for a long time, and have been very uncomfortable indeed, and sometimes it happens that when the part is exerted, it is grasped by the sphincter, and ulceration may even take place and create great irritation and uneasiness, but the alimentary canal as a whole must be put to rights; medicine must be given until you have found out that quantity just enough to secure what an old woman calls a free and comfortable evacuation; wash the parts with a little tepid water, dry them, then anoint them with a little mild ointment, and replace them. Let the patient lie upon his belly, and apply cold water to the part with a sponge to allay the irritation which has been produced, let him keep himself perfectly quiet until the mechanical injury done to the part by the gripe of the sphincter is gone off. If you do this—attend to the state of the alimentary canal as a whole, the piles will subside; but if you do not, the piles will continue. They become a source of irritation, and diminish the capacity of the rectum so that, by the straining which they occasion, the bowel will be turned inside out each time that the patient goes to stool, and at last such a bulk of it comes down, that it cannot be returned again by the patient's efforts. The sphincter contracts upon them, and gripes them so tightly that they mortify and drop off: that I should call the natural cure of piles. In the early part of my life, I saw many horrible cases of this kind, which led me to examine them more minutely, and that induced me to say that they were fleshy excrescences. What! Sir, an old surgeon would say, do you mean to assert that piles are fleshy excrescences; are they not enlargements of the hemorrhoidal veins? Are they not caused by various enlargements of the hemorrhoidal veins? I say that they are sometimes, but not generally; I have seen these tumours pricked and blood has flowed from them in a continued stream, as when a vein is opened in the arm, but not in so large a stream, but large enough to remove the least doubt of your having opened a vein. But I say these are not common.

Now I am sure that I should not try to take away piles till I had put the patient's bowels into a comfortable state, until the stomach was made tranquil, and the person altogether in a fit state to submit to the operation. I have known many persons very anxious to have their piles removed, who having got their bowels and stomach into proper order, have declined having any operation performed at all. They have said, when asked to name a time for the operation, "No, I thank you, I am very comfortable

now, and I mean to do without the operation, I am very well content to be as I am." I have cut away pounds of them in my time, and I believe I was the first person in London who ever did this. Mr. POTT used to remove them by ligature, but it is a tedious and very painful process; there are ulceration and disagreeable discharges of pus, and so on, from the part. Sir JAMES EARLE talked once of the hardihood of removing piles by any other method, and all this arose from the fear of hæmorrhage, which is really unfounded.

Operation for the Removal of Piles.

I say to the patients, take a little castor oil on the morning of the day on which you are to have the operation performed, to empty the bowels, and when the bowel is protruded, let it be cleaned with a little tepid water. You put the patient to lean on a table, and have a basin of warm water with a bit of soft sponge between his legs, and clean the part thoroughly; you then take hold of the pile—I am now speaking of the *internal piles*—with a double hook, and snip it off with a scissors; and having snipt off one, you take hold of another, and remove that, taking care to make your incision parallel to the course of, or in the axis of, the bowel. Having done this, you bathe the parts a few minutes with tepid water, let it bleed a little, it will do no harm; then you dry the part with a bit of fine linen, and putting a little oil or ointment about your finger, you return the part to its natural situation, taking great care to place it beyond the grip of the sphincter. You tell the patient to keep himself in the horizontal posture—let him go to bed, and he may cover himself with clothes, but he should leave the buttocks bare, and wash them with a sponge and cold water, so as to keep the parts cool, and prevent irritation. This treatment is adopted to prevent hæmorrhage, for although there may be little at the time of the operation, yet a sort of reaction takes place afterwards, and hæmorrhage might occur, which would tend to prevent the ultimate object of the operation, which will be presently displayed to you. But, generally speaking, there is no bleeding; the patient at night is quite tranquil and quiet. You must always turn the patient after the operation, give him nothing for six or eight hours, and afterwards allow him such food as is easily digested, as a little bread and butter, and a small quantity of tea, or biscuits, or a little bread and milk, and so on; and I have known people pass seven or ten days away, kept upon this sort of diet, without having a stool, when the bowels had been evacuated previously by giving castor oil. I have known them go this time without having occasion to empty the bowels; and by the end of this time the little wounds made by the removal of the piles have healed, the evacuation has been passed, but there has been no prolapsis of the gut, and the patient has been made quite well. Now, if you perform the operation before the bowels and stomach are in a tranquil state, there is flatulency in the stomach, and uncomfortable feelings produced, which you can only relieve by opening the bowels; you are obliged to give opening medicines, which must of course very much retard the healing of the wound. Do not operate until you have put the bowels and stomach in a tranquil state, and attend to the precaution of giving the patient a sufficient quantity of castor oil on the morning of the day that you intend to operate.

Now, it is curious, that while I had been doing this in London, throughout the whole of my surgical life, and I began pretty early, Mr. HEY, of Leeds, had been doing something like it in the country. He proposed to remove parts of the rectum, small slips of it, to prevent the recurrence of a prolapsis ani. You should read his cases, and I think they will be found to be cases of excrescences, which have been cut off in the way before proposed. As to the *external piles*, they may be large, and so on; but I think they will get well when the irritation of the digestive organs gets tranquillized. I have seen many curious cases of this kind, fringes of piles hanging about the parts, and if you are desired to remove them, you may do so very easily with the knife; but I have known them to produce so little inconvenience, when the alimen-

tary canal is set to rights, that I am not disposed to meddle with them. This is as much as I need to say on the subject of piles, and I go on to speak of

Contractions of the Bowels.

It is a law, that where there is a propelling or an expulsive power, there is also a contracting or resisting power. By the bye I did not speak of a case which I might have spoken of, as illustrative of the care necessary in internal piles to place them beyond the power of the sphincter. A man may have a plait of the bowel brought down, and the sphincter gripes it and produces great uneasiness. A gentleman, a medical man, dined out, and having eaten and drunk too much I suppose, he was seized with some disturbance in his bowels. He retired to bed, but not to rest, for he was obliged to get out to the night-chair, and after having got into bed again he was not easy as he expected he should be; he had great uneasiness and irritation, and could not attend to his practice the next day. He was visited by a medical friend, who not being able to find any thing particularly amiss with him, advised him to take a little castor oil. As he continued to complain of uneasiness, they applied leeches and cupping-glasses repeatedly, but to no purpose, and I am sure, when I saw him, he had the marks of no fewer than thirty or forty scarifications upon his buttocks, for he had a good broad pair of them. However, the pain and uneasiness continued to increase and he sent for me, and when he told me the circumstances I said, it is a very simple case, sir, there is a plait of bowel down which is griped by the sphincter ani. I dipped my finger into a little oil, passed it up, and returned the bowel immediately. "Oh! I thank you, sir," said he, "I thank you, I am quite relieved; I am in heaven in comparison to what I before suffered."

But as to contractions of the bowels, you may have irritable contractions in the bowels; a part of the bowels shall be at first spasmodically affected; a disposition to contraction being established, a kind of local irritation and inflammatory process shall come on, and a permanent stricture is formed. You may have, in this way, a stricture, more or less permanent, occurring in any part of the bowels; the consequence of which is, that the fæcal matter which comes down will lodge above the contracted part, and, accumulating in the lower bowels, will produce a strong desire to void it, and after straining a long time a very small quantity can only be discharged. It is, to use the expression of the patient, as if a bar had stopped it. Now these strictures will, by degrees, get very complete, and yet they shall be common strictures, having nothing cancerous or malignant about them. But this difficulty in getting the alimentary canal cleared out, puts the patient altogether into disorder, and people become nervous, out of health, and very strange feelings indeed are induced. I have known many cases treated as being nervous merely, and people who have been cupped, and so on, for pain in the head, and this plan and the other, and spasms of the bowels, and I have been in the habit of saying, Egad! I know nothing so calculated to relieve them as such medicines as will procure for the patients, what an old woman would call, a free and comfortable stool.

Now as to *Strictures of the Intestines*, you know how very much they have become the subjects of practice of late years, and we seem to think we can do every thing required to be done by bougies, as if our grandfathers or grandmothers never had any such diseases. When I first removed into that part of the town in which I now live, which was about twenty-six years ago, I was called on by an old bachelor, who told me that he had a very troublesome disorder; that he had piles, but he could not make out what beside, but something that gave him great annoyance. He said he had tried every remedy which had been proposed to him, even the oil of a *church bell*, but to no purpose. I said, that from the history of the case, I was satisfied there was a contraction of the bowel, and wished him to allow me to make an examination; I did so, and found a stricture of the rectum which was very firm, for which I put him upon the following treatment: I advised him to take that kind of food

that was nutritious, but small in bulk; to take, every day, a small quantity of castor oil, and to inject a certain quantity of a mild, mucilaginous, and oily fluid every day into the rectum. For this purpose I provided him with a syringe furnished with valves, so that he might use it himself, and put into the syringe about a pint at a time, and when he had passed up that to put another pint into the syringe. Well, he continued this mode of treatment every day, and he told me that he could feel the fluid reach to the contracted part and there stop a little; that by continuing to work the syringe gently, he could hear it guggle and guggle through the stricture, and he continued to throw it up till it distended the bowels and diluted all the fæcal matter lying immediately above the stricture. After the first time of using it, he passed his evacuation more comfortable than before, and in six weeks he was quite well and could pass his stools freely and comfortably. Now I beg you to contrast with this the state in which he was before this mode of treatment was instituted, and this is his history, which I know to be true by ocular demonstration: When he got up in the morning he tried to pass an evacuation, but after much striving a small quantity of feculent matter, about the size of a crow quill, or at the utmost of a goose quill, would be voided; during the time he was dressing, he would be obliged to go to the night-chair three or four times, and with the same result. This continued until about three in the afternoon, being kept constantly going and coming until that time, when he passed altogether as much as might be considered a scanty diurnal evacuation, and yet in the time I before mentioned, by adopting that simple treatment he was made comfortable and, in comparison, happy.

We think that bougies will cure them; no doubt they do good to a certain extent, but that they are to be considered as the curative measures I am disposed to deny. You may at intervals be able to introduce larger-sized bougies than before, but do you suppose that the bougies are curing the stricture? They are only evidences that the disease is getting well without them. As to the frequent introduction of bougies in contracted states of the rectum, it is not a good practice. The same principles must be observed as in curing strictures of the urethra; you must remove the morbid irritability without producing reaction. I am sure that this view of the subject is a correct one. I could tell you cases in proof of it till you were thoroughly tired; but it seems to me that one case, which I shall relate, will be useful: A gentleman had very strange nervous symptoms, and he was attended by a physician in town, but he also came to ask my opinion. I said that I would meet his physician, and that I thought that the pain in his head and general uneasiness were owing to the state of his bowels. The physician did not come at the time he appointed, and I entered into a conversation, in the interim, with the patient, which induced me to believe that he had a stricture of the rectum. We examined him ultimately, and we found a stricture of considerable firmness. The patient was directed to take castor oil, to keep the bowels as tranquil as could be done, and to facilitate the expulsion of the fæces, and at the same time he was directed to use the same sort of glyster and the same apparatus as I mentioned in the former case. I used to introduce a bougie about every fourth day for a certain time, till I could pass a pretty full sized one, the patient could pass his evacuations pretty comfortably, and under these circumstances he wished to go into the country. But whilst in the country he came under the care of a man who introduced a bougie for him every day, and kept it in nearly an hour each time. This person made him believe he was doing a great deal of good, and told him it was as much as his life was worth for him to neglect it. The gentleman, at the end of four or five months, returned to town and called upon me, told me what had been done, and wished me to pass a bougie. So I took a large bougie but could not pass it, and the patient thought it was not of the same size as I used so pass before he went into the country. To satisfy him upon this point, I desired him to look at the bougie which I had given him when

he left town, and he found it was of the same size; so that, although he had a bougie passed every day, the canal had only become narrower; and nothing can more plainly show the evil of the too frequent use of the bougie. I say that this disease must be treated on the same principle as strictures of the urethra, and must be that of removing a morbid degree of susceptibility by the use of a stimulant short of what produces reaction.

Well now, I shall skip to some diseases about the fingers and toes; and those diseases in particular which are called

Whitlow, or Paronychia.

Of these there are three kinds—the *paronychia tendinosa*, *ossea*, and the *paronychia ungualis*. The paronychia tendinosa means that there is a collection of matter in the theca of the tendons; it is a horribly painful disease, and, if not opened, will cause a sloughing of the tendons. The collection of matter should be laid open, and a soothing poultice be applied. The arm should be also raised. As to the paronychia ossea, I consider that can only mean an exfoliation of the bone, in consequence of the former disease having extended itself. Now the cause of the paronychia ungualis is this: when matter forms under the thick cuticle of the finger, the fluid will separate the thick cuticle all round, and just at the edge of the nail, where the thin cuticle folds back, the matter will burst the skin and discharge itself. The part being denuded of its cuticle, the edge of the nail acts as an irritant, ulceration takes place, and the ulcer spreads all round the edge of the nail, and a most vexatious disease it is. I really hardly know the time in which it is to be healed. I have known a gentleman who had been tormented with it for fifteen years, more or less. He fell from his horse one day, and hurt his knee, and for the injury done to his knee he came under my observation. I saw his arm tied up, and asked him what ailed it. "Ah!" said he, "that is an old affair, but what cannot be cured must be endured." I found that he had this kind of whitlow on his finger, and he offered to make me a bet that his knee would be well before his finger. Oh, but, I said, I will engage that your finger shall get well in forty-eight hours. He was quite surprised at the assertion, but I interposed a bit of moistened lint between the nail and the soft part, and beneath the edge of the nail, and it did get well almost within that time. It should be done nicely, not so as to distend the part. It is sometimes difficult to get the lint interposed nicely, especially when the nail forms an angle at its edge.

There are *sores* which form about the *fingers and toes* which have a very curious character. There is a thickening of the parts around the ulcer, the ulcer eats under the nail, and the whole of the nail is detached. I have attempted to describe them by saying that there is a thickening of the parts around, with a glossy surface, attended with a lancinating pain, and the discharge of a sanies or ichor; the pain is so bad as to prevent the patient from sleeping at night. When I was quite young, Sir CHARLES BLICKE, with whom I served my apprenticeship, used to pride himself very much on his curing these sores; and he used to do this by the use of Plunket's caustic, a quack preparation containing the white oxide of arsenic and flour of sulphur, with a handful of ranunculus, dog fennel, and so on; and I used to be sent to gather these "yarbs," to dry them in the sun, and powder them. (A laugh.) But he used to put it on the ulcers, mixed with basilicon, as a thick dressing, as Plunket applied it to cancers. In about three days it occasioned a slough, a new surface was produced, and very often the ulcer healed, but the process was very severe and painful. Now, it occurred to me that the same medicine, in a milder form, would act as a corrigent in revolutionizing the actions of those sores. The arsenic is the principal ingredient of all the farrago that was heaped together in the aforesaid paste; and I had occasion to remark to you, when speaking of ulcers, that arsenic appeared to revolutionize the actions of sores in a very surprizing way, and would often cause sores to heal which had remained intractable with all other dressings. There is a form for the use of arsenic observed in this Hospital which I believe is this: three grains of the *arseniate of potash*

are dissolved in five ounces of mint water, to which a little spirit is added, and I have taken this solution, and used it as a dressing to sores, and a very excellent dressing it is. To show you what a magical effect it is capable of producing, I shall mention the case of a gentleman who lived somewhere in Smithfield, not far from this Hospital. He had a bad sore upon his foot, just such a sore as I have described; he had been under the care of a surgeon six weeks, but finding the ulcer got no better he sent for me. When he showed it to me, I said, I know what will do for that, so I stepped into the Hospital and fetched some of this solution, and directed him to wet a little lint with it and apply to the sore, and that the lint should be occasionally moistened with it. The pain from this wound had been so severe that he could seldom get any sleep through the night, and very early in the morning, about four or five o'clock, or as soon as he could with any humanity, he used to ring up the servants to get him a cup of coffee, or something to amuse him, and after that he got a nap for an hour or two. Well, he applied this solution to the wound, and went to bed as usual. Five o'clock in the morning came, but no bell rang; six o'clock, and seven, but no ringing. At seven they were surprised not to be called; at eight they became uneasy; at nine, they tapped at the door, but got no answer; at ten, they could wait no longer, and burst the door open; they found him in a sound sleep. He had slept soundly—slept as a man would do who long wanted sleep, and as to the sore it got quite well in a very short time.

I have now concluded this course, which I have often had occasion to tell you must not be considered as a complete course of Surgical Lectures; because such subjects are only spoken of as could not conveniently be included in the anatomical course. I have endeavoured to bring to your notice general principles, which, I hope, may be of service to you in the practice of your profession. I have not done this so well as I could wish, but I have told you what my opinions are on certain subjects. You must judge of the correctness of them for yourselves. I know my foibles, and I know my faults, and many I believe they are; but if I have spoken of some things rather flippantly and passed them over slightly, it was because I considered them of less importance than a knowledge of general principles, and on these I have dwelt at some length. You must recollect, however, that you can never become surgeons by hearing lectures only, all the good they can do you is to afford a sort of guide or key to your investigation of disease.

I have not enlarged upon subjects with a minuteness that would weary you, or in the formal, pompous, and solemn style of which some persons seem fond; my object has been to engage and fix your attention, without wearying it, to points which I considered of importance. I knew a gentleman who used to lecture his pupils asleep, and one of them who sat near him snoring pretty loudly, was jogged by him by the shoulder, and he said, "You may sleep, Sir, as much as you please, but I would thank you not to snore." (A loud laugh.) Now I say, I do not wish to lecture to a sleepy class, and therefore I was anxious to keep the attention directed to the principal doctrines of surgery, to exemplify which, I have familiarly introduced the recital of cases. Indeed, as a lecturer here, I may be considered a sort of topographer, who has travelled over a long and rugged road; what benefit would it be to tell you of every puddle where you might soil your boots, or every hedge or gate you might meet with on the way? My duty rather is to describe to you places where it is dangerous to halt, and from which you must hasten your pace, and push on to a point that is before you: then I have also to tell you of places where you may rest yourselves in safety, look round, and enjoy the retrospect of your journey. I have communicated to you my opinions candidly, and without reserve on many subjects, as I have been accustomed to do; and I have only now, Gentlemen, to add, that I feel exceedingly obliged for the attention and respect you have shown me.

Mr. ABERNETHY left the theatre amidst the loud applauses of the class.

DR. GREGORY'S REPORT

Of the Small Pox and Vaccination Hospitol.

In the report dated Feb. 3d, 1825, Dr. Gregory, the physician to this very excellent charity, very justly observes, "Of all the diseases which afflict the human race, the most formidable, whether we consider the extent of its ravages, or the intensity of its virulence, is, unquestionably, the small pox. The plague rages only in particular countries and at particular seasons; but the small pox spreads its devastations over every region of the habitable globe, indifferent alike to the summer heat or the cold of winter. To impress upon the governors the melancholy, but important truth, that the small pox still continues among us, and that incessant attention alone can prevent a renewal of these scenes of death and misery, which rendered the disease an object of such terror to our ancestors."

If anything could be wanting to establish the triumph of vaccination, such a table as the following would furnish us with it.

Table of Admissions into the Small Pox Hospital, during the year 1824.

Class.	CHARACTERS OF THE DISEASE.	Admissions.	Deaths.	Rate of Mortality *per cent.*
1	Small Pox in the unprotected, in its greatest virulence	12	12	100
	Confluent malignant.			
2	——————— in its second degree of virulence	46	27	59
	Simple confluent.			
3	——————— in its third degree of virulence	55	14	23
	Coherent.			
4	——————— in its mild form	35	1	3
	Total in the unprotected.....	148	54	36
5	Small Pox, of the confluent, coherent, and distinct kinds, occurring subsequent to Vaccination	45	0	0
	Modified.			
6	Small Pox occurring subsequent to Inoculation.....	2	0	0
	Secondary.			
7	Eruptive diseases, not Small Pox	4	0	0
	Total	199	54	27

Table of the Ages of the several Classes admitted in 1824.

Under seven years of age	33	19	57
Between seven and fourteen	15	2	13
Adults	151	33	22
Total	199	54	27

Total vaccinated in the year 1824.....3,324

It will be seen that not a single death occurred in those persons who had been previously vaccinated.

FOREIGN DEPARTMENT.

ANALYSIS OF FOREIGN MEDICAL JOURNALS.

ANNALI UNIVERS. DI MEDICINA, DA OMODEI OCT. NOV. DEC. 1824.

A Case of complete Anchylosis of the Joints.

The patient, whose case we are about to describe, lived in the enjoyment of good health until October, 1815, he then contracted a gonorrhœa which continued about twenty days. Two months after he was attacked by a pleurisy, which yielded to a contrastimulant treatment. Soon after this an attack of gout* made its appearance in the ancles, extended itself to the left knee, also a little in the right, and from thence to the hip joints. During the winter, the patient could not get out of bed; in the following summer, he again walked a little, and, by the advice of his physicians, went to the waters of Abario, where he used the baths, but instead of diminishing his pains, they were increased. In the following spring, the arthritic affection made further progress, and all the joints of the lower extremities were affected. Lastly, the vertebræ became fixed; the altus became firmly fixed on the dentala, and the head and lower jaw quite immoveable.

The only nourishment the patient could take was of a fluid kind, sucked through a space formed by the extraction of the teeth. For six years this unfortunate man has been condemned to a state of perfect repose, and has obtained no relief from the numerous measures which have been employed. He lies in the horizontal position in bed, in a state of supination; all the joints are of their natural size, and are incapable of performing the slightest motion, with the exception of the ribs, which are, however, much less moveable than ordinary. He is very emaciated, especially in those parts furthest from the centre of the circulation.

His pulse is regular; his hearing hard; on the cornea of the right eye are some opaque spots; the left eye is very weak; the smell and taste remain in their natural state; the general sensibility is much diminished. The patient empties the bladder regularly, but the bowels are very costive, requiring frequent purgative medicine. We should say this poor man presents us with a proof of the neglect and ignorance of his medical attendants.

A new mode of Cure for the Tooth-ache.

Signor Fattori has been ingenious enough to propose, as a remedy for odontalgia, the division of the nerve supplying the diseased tooth, and to effect this he has invented a neat little instrument, a sort of trepan, to which *boriers* of different sizes are attached, by which he perforates different parts of the painful tooth, and cuts through the nerve. The tooth is, by this operation for ever after rendered insensible.

On the purgative power of the Oil of Euphorbia-Latyris.

The oil obtained from the seeds of this plant has been found to act as a mild but very effectual purgative. From several trials made with it in the ward under the superintendance of Dr. Acqua in the great hospital of Milan, it was ascertained, that the dose of it for adults is from four to eight drops, and for children about three drops given in an emulsion, containing a little lemon juice and syrup of orange peel; that it is necessary the oil should be used fresh, and that it is then found to operate briskly, without producing vomiting, colic, or tenesmus, and Dr. Calderini adds, that he has even used it in cases of dysentery, and that it purged with as little inconvenience as the pulp of tamarinds.

A Cicatrix found in the Heart.

M. Bongon, at one of the late sittings of the Royal Academy of Medicine, showed the heart of an individual who had died at his hospital, in whom were found the marks of an old penetrating wound of the chest. The lung, the pericardium, and the heart, had been wounded, and each wound had cicatrised. The patient died of a disease not at all affecting these parts. [*Revue Medic. Feb.*]

* We should, from its history, call this affection Rheumatism. -Ed. L.

JEMMY COPLAND.

"Though your disease be in the number of those that are better cured with time than precept, yet since it is lawful for every man to practise upon those that are given over or forsaken (which I take to be your case), I will adventure to prescribe to you."

SIR JOHN SUCKLING.

MY DEAR COPLAND,

The familiar introduction of your name, even by an old friend, into the pages of a victorious rival may perhaps require some explanation. The *prima facie* objections to such liberty are so strong and so many, that I confess I would have declined the task, had I not scrupulously examined the merits of the case, before I risked your displeasure, which to me would be the most serious of evils. But after mature reflection, as you shall presently see, I think the propriety of the measure will appear sufficiently evident. At your time of life, I need hardly tell you, being yourself a profound adept in biology, that the human eyes, like the moon in her wane, begin to be a little dim or so; and I recollect well how you complained, at our last interview, of the difficulty of decyphering my wretched scrawl, which, in your own inimitable phrase, you used to say resembled more the operation of chance than the product of design. An exchange, therefore, of my gothography for the luminous typography of our hebdomidal acquaintance, THE LANCET, will, I am sure, be duly appreciated by you and all the wearers of spectacles in Great Britain. Notwithstanding this alteration in the mode of communication, you may rest assured that the same frankness which distinguished my private, shall in future characterize my public correspondence. I shall never for a moment imagine, while addressing my friend Copland, that any person is to be the wiser of what passes between him and me, for this has been the bane of all epistolary composition. It was this kind of *side look* at the public, that has rendered most of the letters of our "great men" so devoid of every trace of their real feelings, and I could never take take up one of these double-purposed favours, but I could perceive, that it was just as much intended for myself, as the "My dear Friend," or the "My dear Sir" at the top of the page. This is by no means strange, considering what vain creatures authors really are, for I am convinced that a miser would as soon cut up his debentures into taylors' measures, as an author would write a sentence which he did not think would, one day or other, see the light; they all seem to have had Pope and Curl in their eye.

Now, despising all cant as I do, it would be unworthy of me to make you the innocent agent of giving my letters publicity, a task that may be just as well executed by myself as by the joint labours of your butler and a bookseller. But I am a sad transgressor, James, against the laws of accuracy, and my pen in its present posture no more points to the subject than the needle does to the north pole, when influenced by counter attractions in certain parts of the Arctic Ocean. I shall, therefore, rectify my magnetic deviation, having convinced you, I hope, that in the present case I studied, as I have ever done, your pleasure, and so proceed to consider your last letter, in which you request my advice on the consumptive state of the "REPOSITORY." Its case, I own, is one of extreme difficulty, without a solitary ray of hope straining across the murky vista of its fate. There is nothing, at all events, like being prepared for the worst; for to despair of success is often the only means to ensure victory. "Una salus victis, nullam sperare salutem." Let us, therefore, begin at the root of the evil; since, to form a correct opinion of the manner in which we are to act hereafter, we must closely inspect every side of the question. However disagreeable this may be to our feelings, prudence, James, demands of me not to be silent on any point through mistaken delicacy. I cannot express with what regret I learned that all your old contributors have abandoned you; that new works are no longer sent by the authors to be reviewed; that your genius is beginning to feel already the

sterile blight of old age; that after a month's cultivation, it does not produce a dozen of grains to a bushel of chaff; and that every thing of any value in the Continental journals is stale news before your last sheet is out of the hands of the compositor. Ungrateful world! Of what base materials is the human heart composed! In vain did you point, print, revise, and lick the Sciolist's bantlings into form; in vain did you wheedle with praise, and denounce the refractory from your critical chair. It is thus you are requited, your love and anger alike despised! But patience, James, what cannot be cured must be endured, though I need hardly remind you of the benefit of a Christian resignation in the hour of distress, since I find, from the part you have lately taken in professional ethics, that your time must have been divided between the Bible and Hippocrates. If you only look to the late numbers of the Repository, and divest yourself of all parental feelings, you must be fully satisfied with the will of Providence in the disposal of your offspring. I could, indeed, have perceived for a long time that the hand of death was pressing hard upon it; since you had the misfortune to affix that hideous monster of a reptile on the wrapper I gave up all hopes. It was a most unlucky sign to work under, for I can never be convinced but that horrible snake, with his tail in his mouth, instead of eating himself, was silently devouring the "Repository." And there is the last number of all (for March), why, it is not as thick as the half crown it costs, and really at a first glance, one would imagine, without ever convincing himself of the fact by turning over a page, that all the good things were squeezed out of it between the jaws of the press. It is selling soiled paper at a most extravagant rate. Only just look at one of the Grand Reviews, generally more than twelve articles and one of Brougham's, or Jeffrey's, but at sixpence a head. And to hear you, with all this before your eyes, reproach a publication for its cheapness, is really lamentable. I could never think my friend Copland was so ignorant of human nature. You cannot conceive how much this acknowledgment operated against your interest in Ireland, for though reported a generous people, we should not think the Edinburgh Review of less value if sold at four instead of six shillings. On the contrary, James, we are of late become so far acquainted with literary affairs, as to know that works of real merit only, from their extensive circulation, can afford to be sold at a low rate. Of the "Traditional Communications," an appellation which, I hope, you will adopt in future numbers, I have nothing at present to say, except that if you should come short at any time of such things, I will send you twenty better than the last, extracted from the case book of Mother Stephen; the clinical observations and prescriptions by Abraham Colles, Esq.; the grammatical blunders corrected and revised by your humble servant. Now do not be at all delicate in sending to me, (you know my address, don't you?) for to oblige you is to me a great pleasure. And this brings me to your "Reviews," in which I am not at all surprised that you have failed, for *entre nous*, do you know one, James, connected with the medical press (the present company always excepted) who has any idea of what a review ought to be? As for medico-chirurgical, fudgico-graphical, Sanconiathosolinson, a spider might as well attempt to weave nets for the whale fishery, as he to undertake to compress the unwieldy body of an author within the compass of a review. Between authors and their reviewers, I believe I may safely say, that I killed my sixth man, so that I have the honour of being four a-head of Colles, who says he killed but two. But to return—I often told you not to meddle with Irish books, for, as Swift said of the country, the rules that apply in other cases are not applicable to York-street authorism, and I am somewhat disappointed by the manner in which you handled Hewson, of whom I will tell you a story, as I am just now in the gossiping vein.

For a long time it was rumoured in the professional circles of Dublin, that Professor Hewson, (i. e. a man that reads a paper three times a week for three months, on a few drugs,

y'cleped surgical pharmacy,) was composing a work, which was to eclipse John Hunter himself, not including the minor syphilists. Indeed I recollect, that the unfledged author was one of the first curiosities pointed out to me after I had bought a scissors wherewith to destroy adhesive plaster, from old Johnny Reid, who has since died, but I hope has been forgiven, though I never knew an iron-hearted cutler who could sell a bit of steel at so exorbitant a price. He (Hewson) was then emerging from the College library, his sable habiliments learnedly tinged with the dust of musty old volumes, his down-cast eye, contracted brow, and vizage sharp as razor's edge, so that altogether he looked very like parturient cogitation, or the genius of scrutiny congenially arrayed in the slim drapery of emaciated muscle; just the thing thought I to slip in and out, without any obstruction from corpulency, through the matted foliage of volumes coeval with the use of the quill or the *stiletto* itself. Well, I did expect a great deal from the nature of the subject and the workmanlike appearance of the undertaker. Surely, if other syphilitic antiquarians have traced the disease back to the days and realm of Montezuma, I may well suppose that this Theban will settle its origin among the Jews, or find it engendered in the promiscuous amours of the inhabitants of Noah's Ark. Days, weeks, and months passed, until the wheels of time became clogged with the interest accumulated in their progress; when lo! the mystery was suddenly explained by the appearance of a book on diseases of the eye only, arising from syphilis, which work, on account of some offensive passages therein, Mr. Carmichael has demolished in a paragraph or two of his excellent book on the venereal disease, now in the second edition. Poor Hewson fell into very bad hands; he is but a mere tit-mouse in the paws of a lion, when pitted against the truculent syphilist of Ruttand-square. There is Harrison's book too, which you tell the world, as a great feat, is intelligible; and certainly as matters go now, though your praise is very slender, it is something to meet a book that one can understand. Now the truth is, the book commended by you for its perspicuity is not worth the beard of a Carlingford oyster. (By the bye, James, I would send you a prime lot of the best, only they are now out of season, for I know you have a taste, as well as Cuvier, for the anatomy of the Crustacea.) What merit has any man, who spends six or seven hours each day out of the twelve that he may happen to have his eyes open, over a *subject*, to write a book on the subject of the arteries. It is all pure humbug, James; I would take any boy over sixteen, with a common share of common sense, and make him do the same in better style in twelve months. It is a disagreeable thing to be speaking of *self*, but I assure you, that in getting shut of some waste papers a few days ago, I committed to the flames a much better compendium of anatomy than Harrison's, and was much better pleased to see it in ashes than to have it reminding me of my folly every time I saw it on the shelf of a bookseller's shop.

So far, my dear Copland, I have concealed nothing from you which I thought would be of use to you in the future management of the Repository, and on the same principle I shall proceed to other matters of equal importance, and well worthy of your attention. I observed with deep regret, that, in conformity with the ugly emblem on the cover, each number of the Repository had, for some time back, a sting in its tail—that is, there was an essay tapered into small print, intended, I suppose, to give the thing a cutting appearance, whereas it was as blunt as a beetle, or as if every letter had been as big as the Peak of Derbyshire. These essays purporting to be from a correspondent (though any person would know the snake from its slough,) contained some silly animadversions upon pirating lectures, personality, honesty, and such foolish gabble as I never heard before. Now, James, even with a knowledge of your modesty, I am quite surprised how you could express yourself in this manner, when, to a fractional part of the Repository, it is all pure plagiary. Take the reviews, for instance, from the moment you let the author speak for himself, a favourite trick of yours, when you have nothing to say

yourself, until having taken your turn out of the fellow, you either dismiss him as a dunce, or say you have no more room at present, it is all downright robbery; worse a great deal than reducing to a substantive form the undulations of the air, caused by certain movements of a professor's tongue. Permit me to tell you then, that if you had been a footpad, instead of a critical bandit, and have acted in the same manner with men's purses as you have done with their books; that is, pilfered the sovereigns and left the coppers, you would have long since sported your figure, with your nightcap on, in front of the Old Bailey—is that the place they hang the light-fingered folk in your city, James? Besides, the review of a medical book ought to afford the reader all the practical information in the book itself; so that if you do your duty as critic, you, in fact, deprive the author of as many purchasers as your Journal has readers:

> Cum tua præ videas oculis mala lippius in unctis;
> Cur in amicorum vitiis tam cernis acutum,
> Quam aut aquila, aut serpens Epidaurius?

You see, James, we have all our sins to answer for, if tried by the statutes of the stoical philosophy. The court of formality (which I do not mean to defend) is still a greater humbug. The tribunals of heaven and earth both regard persons, not things; for it is the man, we are told, not the offence that is to suffer in the next world; just as our judges here below prefer, in cases of high treason, the hempen to the syllogistic form of remonstration. These are high precedents, to which the critic guilty of personality may fly for justification, and of which you can never deprive him of the benefit. If you tell the world, as you have often done, that a writer's book is a dull stupid performance, do not the world understand you as saying that the fellow is an ass, a dunce, a man incapable of discerning between right and wrong? In substance it is all the same; and if such culprits cease to give offence, I will myself become as *impersonal* as any verb in Lilly's Grammar. These are but a few of the many points in which you have been in error, and if the salvation of the Repository be at all possible, you must secure it by steering clear of these quicksands. But of all the evils that have befallen you in Ireland, I know of none equal to THE LANCET. From the moment the very name, in an unlucky hour, reached our shore, the Repository, like a 'goblin damn'd,' at the crowing of the cock, vanished from every table, or slumbered in solitude on the shelf. For the misfortune I know no adequate remedy, as I understand it is the intention of my antiphlogistic friend to favour his readers in Ireland with a stamped edition, which, in the short space of thirty-six hours will communicate to them every thing interesting in the medical world—physiology from Paris—metaphysical medicine from Vienna—*Ave Maria* surgery from Pavia, and though last, not least, julepian therapeutics from St. Thomas's, London. The mint julep reminds me of the fate of my countryman; and I promise you, James, that I will try the efficacy of that potent medicine on the next Englishman with a broken head that comes under my care—blood for blood should hold as good in the practice of physic as in Holy Writ. The curse of digression is on me; I was just going to tell you, when the ghost of Desmond drew off my attention, that my own and Mr. Todd's, who remains your ardent admirer, are the only numbers of the Repository that now turn the Cape of Howth or Dalkey Island, where we used to shoot the seals and sea-parrots in our juvenile days.

From all I have said, it is pretty evident, that if you regard the welfare of your monthly patient, the Repository, a new line of tactics must be speedily adopted; and in the sincerity of my heart I beseech you to boil the kettle with that hideous woodcut, *alias* the gander's head united to the thong of a wagoner's whip, for it is no more like a Boa, James, than the rainbow resembles one of the arches of London Bridge. Or if you should prefer an easier death for the pet monster, I will send you my own sprig of shilelah, cut in the very wood in the county of Wicklow; for you must be aware that an Irish sapling

is instantaneously fatal to all the reptile tribe. Many a time the same stick, my dear James, was red with the blood of Charleys, in numerous engagements with these guardians of the night, on the military road, as I came home from "Buily's Acre." Secondly, You will have to reduce the price to the standard of works of superior merit. Thirdly, To leave the reviewing of all Irish books to THE LANCET; and, fourthly, not to be vapouring about pirated lectures, honesty, and personality, to our mutual disgrace, and the great amusement of the public. These precautions I take to be essential to the future safety of the Repository. But should our laudable endeavours to infuse fresh blood into its exhausted frame prove ineffectual, it is but wisdom to be prepared for the melancholy event with a suitable remedy. I know how hard it would be for a man of your habits to be deprived all at once of the solitary enjoyments of the writing desk; should you, therefore, be inclined to continue author, send me whatever trifles you write for amusement, and I will do what I can with the Editor of *The Lancet*, with whom I flatter myself I have some influence, to have them inserted. *Apropos*, don't mind the punctuation, for you lay on with such a heavy hand that you seem to have driven the pen through the paper in some late articles in the Repository, from the manner in which epithets are divorced from their lawful partners, and verbs from their cases—all of them indeed agreeing as badly with each other as husbands and wives do now-a-days. Though separated from you by the waves and porpoises of the Irish Channel, I am still as affectionately

Yours as ever,

ERINENSIS.

For James Tartuffe Copland, Esq.
Dublin, March 30, 1825.

PHYSIOLOGY.

On the functions of certain parts of the Nervous System. By M. MAGENDIE. Read at the Academy of Sc. Mar. 7, 1825.

"I shall, in this memoir," says M. M., "confine myself to some experimental truths, which, I believe, have not as yet been noticed by physiologists, and shall first call the attention of the Academy to a result which appears to me of some interest. I endeavoured to cut upon the fifth pair of nerves of a rabbit, before it passed over the petreous portion of the temporal bone, to effect which I perforated the cranium just opposite its origin. By this opening I introduced a needle upon the posterior surface, and endeavoured, by various movements, to touch the trunk of this pair of nerves. In making this delicate, and to me entirely new experiment, I happened, unknowingly, to wound and even to cut transversely, the crura cerebelli. Scarcely had I inflicted this accidental wound, than I saw the animal turn suddenly on its back, without making the least effort to occasion this singular movement; and whatever position I gave the animal, it rolled incessantly until some physical body arrested it. This phenomena continued for more than two hours, at which time I put it in a basket with some hay, and placed some food near it. On visiting it the next morning I found it still rolling, with the hay twisted around its body, as a bottle is when packed. It appeared quite well, and ate the food whilst lying on its back. I then noticed what had escaped me the day before, that the eyes had lost their ordinary movement—had become inverted. The rabbit lived eight days and then died.

On dissection I found I had divided, in great part, the crus cerebelli, corresponding to that side toward which the animal had a tendency to turn.

On repeating this experiment on another rabbit, I produced exactly the same results; but on cutting the left crus, the rotation reverted from left to right. It struck me as being probable that the one transmitted a force which was equally counterbalanced by the other, and that it was the equilibrium of these two forces that regulated the position, repose, and divers voluntary and involuntary movements. Subsequent experiments convinced me such was the case, for on cutting both the crura the animal became quite immoveable and showed not the least sign of animation.

If I admitted the opinion of Professor Rolando upon the functions of the cerebellum, which he regards as the organ producing movement, I must have hesitated; but having, in the course of my researches, observed some animals completely deprived of the cerebellum and yet execute some regular movements, I considered it necessary to make further inquiry. Instead of commencing *above*, as I had previously done, I began on the lower part of the cerebellum, for then I could divide the semicircle which it forms above the spinal marrow. I therefore opened the spine between the occiput and the first vertebræ, and also uncovered the fourth ventricle; by this means I could touch such part of the cerebellum as I wanted. The first step I took was to partially cut it, from the bottom upwards, in such a manner as to leave three-fourths to the left and one-fourth to the right; the animal rolled to the right, and its eyes were placed as if I had cut the left peduncle. I then made a section of the same extent on the left side; the rotation immediately ceased, and the eyes resumed their natural position. At another time, after making a partial division as before, I cut the left crus; the animal, in the place of remaining still as in the former case, revolved to the left, and its eyes likewise changed.

It is evident from this last experiment, that the division of the crura has more influence upon the lateral rotation of the body and inverted eyes than the union of the cerebellum itself, and this induces me to think, that the impulsive force comes not from this organ, but elsewhere.

An experiment, it struck me, would throw some light on this subject—it was to separate vertically the cerebellum in two equal parts. Several ineffectual attempts were made before I could completely succeed, the section either verging a little too much to the right or to the left, when the phenomena already described were produced, but in a less degree. But on eventually succeeding, the most curious phenomena were observable, the eyes were, to an extraordinary degree, agitated, they seemed to jump in their orbits, and the animal itself appeared placed between two repelling powers; on its inclination on one side it was instantly repelled by the other, and it remained balanced in this wonderful manner for several hours.

I have met with the same results on various mammiferous animals of different ages; the revolutions varied much in the different species. The animal in which I found it the most rapid was the guinea pig; the revolutions were as many as sixty a minute. From what has been said, it is not improbable that the same occurrences would happen if the crus cerebelli was wounded in man.

M. Serres has given the following case, which appears to have the greatest analogy to the results already adduced. A shoemaker, æt. 68, a great drinker, became one day, after dinner, so drunk as to greatly surprise his friends; and instead of seeing things turning about him, as happened with him sometimes, he began to roll himself about. His friends put him to bed, and what is very strange, he continued to roll about there, and had soon wrapped all the bed-clothes round him, and so he continued to do until he died.

On examination of the brain, one of the crura cerebelli was found very much changed in texture.

M. Magendie concludes by remarking, that he shall continue his researches on this part of the cerebral structure in the other genera of vertebrated animals.

MIDDLESEX HOSPITAL.

The Case of Hernia, Vol. 6, No. 10, p. 317.

On Tuesday last, a motion prefatory to inquiry into the circumstances attending this melancholy case was made in the Board-room of the Hospital, and, as he has latterly been accustomed, the Junior Surgeon attempted to impugn the truth of the allegations against Mr. Joberns. We

suspect, however, that the times are now past when Mr. Bell's *ipse dixit* will be deemed conclusive in *any* argument whatever—much more then will it not when to an unequivocal and *demonstrable*, aye, and *demonstrated*, statement of facts, *he gives the lie.* Mr. BELL's *assertion* is at best but Mr. BELL's *assertion*, and nothing that he can say will invalidate a jot the positions we have taken. *Let not the Governors be deceived by any specious explanation* that *may be attempted*, or any *imposition* that *may be proffered to them.* Mr. Bell *has pledged* his HONOR that Mr. Joberns is a *good* Surgeon, although he has frequently, in our presence, PROVED him to be a bad one. Mr. Bell says that our account of the case is incorrect. Here then we are at direct issue with him—and as his memory may be *treacherously* forgetful, we shall recapitulate the facts of the case, in order to show him what *he has to refute*, and how far it may be *prudent* for him to attempt a project so utterly hopeless.

1st. John Moore, æt. 32, admitted *Wednesday, Feb. 23d, at half-past five in the morning*, having an irreducible Hernia since the preceding day at *two o'clock in the afternoon.* Taxis first by the Surgeon at Kilburn, and by the House Surgeon of the Middlesex immediately on his admission.

2dly. Taxis by Joberns at *nine o'clock* —unsuccessful—*urgent state of the symptoms at this period.*

3dly. Taxis in the bath by the House Surgeon, at twelve o'clock, *by order* of Mr. JOBERNS—*symptoms imperatively urgent.*

4thly. *One o'clock, p. m. Arrival of* Mr. BELL, who, with Mr. JOBERNS, again employed the taxis—*symptoms deplorable—scrotum black and blue—operation deferred!!!*

5thly. *Half-past four, p. m.* CONSULTATION!!! *at which all the Surgeons were present*—Mr. Cartwright's memorable expression.*

6thly. About five o'clock. The conversation between Mr. JOBERNS and the *patient—Proposal to postpone the operation till the following day!!!—Dreadful state of the patient at this period, and his solicitude for an immediate operation—Reluctance of the Senior Surgeon.*

7thly. About half-past five!!! *The* OPERATION *performed principally by* Messrs. CARTWRIGHT and BELL.—*Leading strings—Exemplary advice to a* SENIOR SURGEON—"*He knows* THAT" "*It does not cut quite to the point*"—"*Don't hurry yourself*"—"*Take the forceps,* THAT *is the sac.*"—"Ah! JOBERNS, *I thought you were going on* WELL," &c. &c.—*Humiliating spectacle!!!*

8thly. Subsequent treatment—— DEATH *of the patient, and its probable cause!!!*—REFLECTIONS.

Such is a brief recapitulation of the outlines of this melancholy case, and it has never fallen to our lot to describe a scene so truly humiliating—so unequivocally demonstrative of the fatal effects of delay—or of the dreadful results of INDECISION!!!

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* We regret that Mr. C. did not see the case earlier—his absence was occasioned by the mistake of his servants, who drove an *empty carriage* to the Hospital, supposing it to contain their master.

Here then is a man in the prime of his life, in the ripeness of manhood, who is sent, or (which is more probable) comes voluntarily to a hospital to submit himself to an *immediate* operation. What is the consequence? The *operation is deferred for Twelve hours*, and the same process which, in the hands of his surgeon at Kilburn,* had been unsuccessful, is again resorted to, and pertinaciously persisted in. Its dire effects are soon discovered—the *scrotum is black and blue*—still the *Surgeon* hesitates, and performs the operation only when the flitting glimmer of "life's taper" announces its speedy extinction. In the present instance, our own observation has enabled us to do justice to the deeds of the Senior Surgeon, for we witnessed them, and have faithfully laid them before the Governors and the Public. Mr. BELL saw the case at one o'clock, and *must have known* that an immediate operation was required—he must have known that it had been *already too long deferred*. Mr. CARTWRIGHT did not see the case till *half past four*, and the expression he used, "no more taxis!!!" was as strong as it could be without *publicly censuring the Senior Surgeon*. Mr. BELL says, that "the scrotum was black and blue, from the employment of the taxis by the surgeon at Kilburn;" but admitting this to be the case (which it was not) it is the very reason why Mr. JOBERNS *should have performed the operation* IMMEDIATELY. Now it is useless for Mr. BELL thus vainly to attempt to bolster up the practices of Mr. JOBERNS, he knows that *his conduct cannot be justified*, and, *till lately*, has been the first to *impeach it*. Mr. CARTWRIGHT, we should hope, has too much good sense to speak of what he did not see prior to the period we have stated; and although the Junior Surgeon may choose to speak positively of what he does not know, we are convinced that Mr. CARTWRIGHT is a sincere friend to Mr. JOBERNS, and that he will give him the only advice which a REAL FRIEND can offer. With respect to Mr. BELL'S *support*, it is not too much to say that we have *good reason to suspect it*,* and can inform him, that we are much better acquainted with him than he supposes. We speak of his Anatomical and Physiological attainments with all the respect to which they are entitled, and we wish we had no reason to impose limits on our praise. On many occasions it would be more gratifying to admire *the man* than to be obliged only to speak of *his talents*. We hope Mr. BELL will be careful; and in conclusion have only to observe, that the thanks of all who wish well to the Institution are due to that Governor who has demanded an inquiry into the conduct of its Senior Surgeon.

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* We wish this Gentleman would send us his name. He could have had no other idea than that the operation was inevitable.

* There are "wheels within wheels" and forces and antagonist forces.—Berwick-street and Windmill-street are both near the Middlesex Hospital. It needs not be asked which is the nearer!!!

HOSPITAL REPORTS.

MIDDLESEX HOSPITAL.

Case of Chronic Abscess in the Brain.

John Cullen, a carpenter, aged 31, of fair complexion and spare habit, was admitted into the hospital, on 6th March, under the care of Dr. M'Michael; he states that four days since, when walking, he was suddenly attacked with a tingling pain in the sole of the right foot, accompanied with numbness of the leg and thigh; this was immediately followed by convulsive action of all the muscles, this convulsive paroxysm continued about ten minutes. On the following day he had several paroxysms, and the right arm became similarly affected by convulsive motions, being preceded by the same numbness and tingling as felt in the leg. At this time he also felt a loss of power in the right leg and thigh. On the two days preceding his admission, he had several convulsive paroxysms, each of which lasted about ten or fifteen minutes, first commencing in the muscles of the leg, then affecting those of the arm. At the time of his admission, we found the right leg and thigh deprived of all powers of motion, the temperature less than the opposite, no loss of sensation; he is perfectly rational, giving a circumstantial account of his disease, no loss of memory. He says, whilst employed in building, about fifteen years since, he fell from a considerable height upon his head, and from his account laboured under symptoms of concussion of the brain. At this time he has no pain in the head, although he has been subject to violent head-aches. He is a man of very temperate habits, but any occasional indulgence in stimuli would affect the brain so much as to cause temporary insanity. His pulse is regular, about 98; bowels well open; tongue clean. He was directed to take the following mixture:

℞. *Ol. Terebinth.* ʒij.
Mucil. Acac. ʒiss.
Mist. Camph. ʒx. *Capt. Coch. Ampl.* iv. *6tis horis.*

℞. *Spt. Æth. Sulph. c.* ʒi.
Tinct. Opii. min. xxx.
Mist. Camph. ʒiss. *f. haust.—h. s.—sumendus.*

7th. We learned from the nurse he had two convulsive paroxysms yesterday, and one of long duration in the evening, upon the accession of which he took the draught, which produced no effect. In other respects much the same as yesterday. We understand that during the convulsive paroxysm, there is no loss of sense, or of consciousness; that the whole of the muscles of the right side of the body are violently agitated.

8th. Complains of dull pain in the head, answers questions rationally, but in a quick hurried tone. Pulse 96, and somewhat full.

Appl. Cucurb. Cruent. nuchæ ad ʒx.
Emp. Lyttæ inter Scapulas.
℞. *Calomel* gr. v.
Ext. Col. Comp. gr. xv. *f. Pilul. statim sumend. et 4tis horis elapsis.*
Capiat. Mag. Sulph. ʒss.
Tinct. Zingib. ʒss.
Infus. Sennæ. ʒiss. *f. haust.*

9th. Had two paroxysms yesterday less violent; the right arm is evidently becoming paralytic, having but very slight power of motion. Bowels have been well opened, still complains of pain in the head; there is a diffused dark coloured inflammation upon the right leg, just above the ancle, to which the spirit lotion is applied.

10th. Had no convulsive paroxysms yesterday; he still complains of pain in the head; he has lost what slight muscular power remained in the right arm, and is now hemiplegiac; still rational, conversing with his wife and children, to whom he is much attached.

Appl. Hirud. x. *temporibus*
Repr. Pilul. Purg.

Let the blister be dressed with savine cerate.

(He takes freely of nourishment.)

12th. No return of the convulsive paroxysms, he is much the same as in our last report, still has pain in the head but is perfectly rational.

The inflammation of the leg has proceeded to suppuration, and an abscess of considerable size is formed, which is directed to be poulticed.

Let a seton be put in the neck, and *Repr. Pilul. Purg.*

15th. The sensorium affected, he starts suddenly when spoken to, and answers questions in a sharp petulant manner; disposed to sleep, but when roused, looks wildly round. Pulse natural; tongue has a brown fur upon it. The abscess on the leg is open, and presents a foul, unhealthy sore, passing down to the bone.

18th. Appears to be much worse, lays in a state of stupor until roused, when he quickly relapses into his former state; he now makes incoherent replies. Pulse soft and slow; skin moist. The sore upon the leg has rapidly spread, owing probably to the low state of vitality in the parts, a considerable portion of bone is exposed, which is black; he was directed to take a purging draught, and a blister to be applied behind each ear.

21st. He is evidently sinking.—Breathing anxious; incapable of making any reply to questions. The pupils are not obedient to light, and he is labouring under all the symptoms of effusion in the brain; he takes but little nourishment. He continued in this state for four days, at the end of which period he sunk exhausted; (being nearly three weeks from the time of his admission.)

Want of space obliges us to postpone the *post mortem* examination of this case to our next Number.

The Index and Title Page to the Sixth Volume will be published (gratis) with the next Number of THE LANCET.

TO CORRESPONDENTS.

We have received several letters from pupils on the subject of the restrictions lately imposed on their visits at the Middlesex Hospital. We have almost a cart-load of papers relating to this Institution. Some of them shall presently see the light.

A MEDICAL PRACTITIONER in the Country is in want of an ASSISTANT, or an APPRENTICE who has served part of his Time.

No Salary will be given, but there will be great opportunity of seeing Practice.

Apply (if by Letter Post paid) to Mr. COLE, Druggist, 101, High Holborn.

POISON AND ENEMA APPARATUS.

READ'S PATENT SYRINGE, being the Instrument used by Sir Astley Cooper, in his Public Experiment for extracting Poison from the Stomach, and sanctioned by the Court of Examiners of the Royal College of Surgeons for Enema Injections, is respectfully recommended to the Profession and private Families, the Patentee having added to it Glasses for Cupping, drawing the Breasts, and Parts for other purposes, by which its utility is increased both to Professional Gentlemen and Individuals.

To be had of J. Read, No. 30, Bridge-house Place, Newington Causeway, Southwark.

N.B. None are genuine but those stamped with the Patentee's name.

THE PANORAMA OF EDINBURGH is now OPEN, in the Great Room, Leicester-square.—This View, having been taken in the Summer of 1824, presents, besides the many well-known romantic beauties of its situation, a more extended display of the very numerous additions and improvements which have been made in this City during the last ten years than has yet been given, improvements which justly rank it amongst the finest Cities in the World, and which the peculiar form of the Panorama is calculated to give a more general knowledge of than any other Exhibition of the Day.

Open from Ten till dusk.—Admittance One Shilling.

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